State of New Hampshire

Date Filed: 01/06/2012 **Business ID: 664121** William M. Gardner Secretary of State

Filing fee:

\$50.00

Total fees:

Fee for Form SRA: \$50.00 \$100.00

Use black print or type.

Form must be single-sided, on 81/2" x 11" paper;

double sided copies will not be accepted.

Form PLLC-1 RSA 304-C:12 & RSA 304-D

CERTIFICATE OF FORMATION NEW HAMPSHIRE PROFESSIONAL LIMITED LIABILITY COMPANY

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS

SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:
FIRST: The name of the professional limited liability company is
OWEN LAW OFFICES, PLLC
SECOND: The nature of the professional services as defined in RSA 304-D, including necessary related
services, for which the professional limited liability company is organized are:
LEBAL SERVICES
THIRD: The name of the professional limited liability company's registered agent is
and the street address, town/city (including zip code and post office box, if any) of its registered office is
(agent's business address) BEDFORD SPUNGS OFFICE PARIL, 10 CORPORATE
Deive, STE. 1103, BEDGORD, NH 03110
FOURTH: The latest date on which the professional limited liability company is to dissolve is FIFTH: The management of the professional limited liability company
*Signature:
Print or type name: CAROLINE M. OWEN
······································
Title: '
Date signed: 1/6/12
Effective 1-6-12 & 9:26 am

*Must be signed by a manager; if no manager, must be signed by a member.

DISCLAIMER: All documents filed with the Corporate Division become public records and will be available for

public inspection Mail fees, DATE

107 North Main S

State of New Hampshire Form LLC 1 - Certificate of Formation 2 Page(s)



livision, Department of State,

Form PLLC-1 (10/2011)

Form SRA – Addendum to Business Organization and Registration Forms Statement of Compliance with New Hampshire Securities Laws

Part I - Business Identification and Contact Information Business Name: <u>OWEN LAW OFFICES</u>, <u>PUC</u> Business Address (include city, state, zip): 10 CORPORATE DR. STE, 1103 BEDFORD, NH 03110 Telephone Number: 603 · 32 1 ~ 9882 E-mail: Contact Person: (AROUNE M. OWEN Contact Person Address (if different): Part II - Check ONE of the following items in Part II. If more than one item is checked, the form will be rejected. [PLEASE NOTE: Most small businesses registering in New Hampshire qualify for the exemption in Part II, Item 1 below. However, you must insure that your business meets all of the requirements spelled out in A), B), and C)]: Ownership interests in this business are exempt from the registration requirements of the state of New Hampshire because the business meets <u>ALL</u> of the following three requirements: A) This business has 10 or fewer owners; and B) Advertising relating to the sale of ownership interests has not been circulated; and C) Sales of ownership interests – if any – will be completed within 60 days of the formation of this business. This business will offer securities in New Hampshire under another exemption from registration or will notice file for federal covered securities. Enter the citation for the exemption or notice filing claimed - ______. This business has registered or will register its securities for sale in New Hampshire. Enter the date the registration statement was or will be filed with the Bureau of Securities Regulation -This business was formed in a state other than New Hampshire and will not offer or sell securities in New Hampshire. Part III - Check ONE of the following items in Part III: This business is not being formed in New Hampshire. This business is being formed in New Hampshire and the registration document states that any sale or offer for 2. sale of ownership interests in the business will comply with the requirements of the New Hampshire Uniform Securities Act. Part IV - Certification of Accuracy (NOTE: The information in Part IV must be certified by: 1) all of the incorporators $\int f a$ corporation to be formed; or 2) an executive officer of an existing corporation; or 3) all of the general partners or intended general partners of a limited partnership; or 4) one or more authorized members or managers of a limited liability company; or 5) one or more authorized partners of a registered limited liability partnership or foreign registered limited liability partnership.) I (We) certify that the information provided in this form is true and complete. (Original signatures only) Name (print): CAROLINE M. OWEN Signature: Date signed: 1612 Name (print): Signature: Date signed:

Name (print):

Signature:

Date signed: